

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097807075**

FILING DATE:

**09 APR**

APPLICANT(S)

*Nishimura*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4	1						54						
5		1					55						
6		2					56						
7	1						57						
8		0					58						
9		2					59						
10		0					60						
11		2					61						
12		0					62						
13		2					63						
14		0					64						
15		1					65						
16		0					66						
17		2					67						
18		0					68						
19		2					69						
20		0					70						
21		2					71						
22		0					72						
23		1					73						
24		0					74						
25		2					75						
26		0					76						
27		2					77						
28		0					78						
29		2					79						
30		0					80						
31		2					81						
32		0					82						
33		2					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	44						TOTAL DEP.						
TOTAL CLAIMS	47						TOTAL CLAIMS						